## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 191634282 10191/3123

| CLAIMS AS FILED - PART I (Column 1)  |                               |   |                     |                               |                            | (Column 2)                       |     | SMALL ENTITY TYPE [] |                        | OR  | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|-------------------------------|---|---------------------|-------------------------------|----------------------------|----------------------------------|-----|----------------------|------------------------|-----|-------------------------------|------------------------|
| TOTAL CLAIMS   |                               |   | ル                   |                               |                            |                                  | Г   | RATE                 | FEE                    | 1   | RATE                          | FEE                    |
| FOR  |                               |   | NUMBER FILED        |                               | NUMBER EXTRA               |                                  | В   | ASIC FEE             | 375.00                 | OR  | BASIC FEE                     |                        |
| TOTAL CHARGEABLE CLAIMS  |                               |   | ) minus 20=         |                               | *                          |                                  | ſ   | X\$ 9=               |                        | OR  | X\$18=                        |                        |
| INDEPENDENT CLAIMS   |                               |   | ∂ minus 3 =         |                               |                            |                                  | t   | X42=                 |                        | OR  | X84=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                               |   |                     |                               |                            |                                  | f   | +140=                |                        | OR  | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column   |                               |   |                     |                               |                            | olumn 2                          | . L | TOTAL                |                        | ļ ( | TOTAL                         | 7(7)                   |
| CLAIMS AS AMENDED - PART II  |                               |   |                     |                               |                            |                                  |     |                      |                        | 10  | OTHER                         | THAN                   |
| _  | tife via are the Mineral stay | (Column 1)                                | secondarion estatin | (Colur                        |                            | (Column.3)                       | _ : | SMALL E              | NTITY                  | OR  | SMALL                         | ENTITY                 |
| AMENDMENT A  |                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY               | PRESENT<br>EXTRA                 |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total                         | . /2                                      | Minus               | -2                            | 0                          |                                  |     | X\$ 9=               |                        | OR  | X\$18=                        |                        |
|  | Independent                   | * 2<br>NTATION OF MI                      | Minus               | SENIDENI                      | 3                          |                                  |     | X42=                 |                        | OR  | X84=                          |                        |
| <u> </u>   | FIRST PRESE                   | NIATION OF MA                             | JETIPLE DEF         | CNUEN                         | CLAIM                      |                                  |     | +140=                |                        | OR  | +280=                         | ·                      |
|  |                               |   |                     |                               |                            |                                  |     | TOTAL<br>DDIT. FEE   |                        | OR  | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |                               |   |                     |                               |                            |                                  |     | ,                    |                        |     | ADD: 1, 1 CC                  |                        |
| AMENDMENT B  |                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY               | PRESENT<br>EXTRA                 |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total                         | *   | Minus               | **                            |                            | =                                |     | X\$ 9=               |                        | OR  | X\$18=                        |                        |
|  | Independent                   | *<br>NTATION OF MU                        | Minus               | ***                           |                            | =                                |     | X42=                 |                        | OR  | X84=                          |                        |
| <u> </u>   | PIRST PRESE                   | NIATION OF MC                             | JLTIPLE DEF         | ENDEN                         | CLAIM                      |                                  |     | +140=                |                        | OR  | +280=                         |                        |
|  |                               |   |                     |                               |                            |                                  |     | TOTAL<br>DIT. FEE    |                        | OR  | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |                               |   |                     |                               |                            |                                  |     |                      |                        |     |                               |                        |
| AMENDMENT C  | •                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY       | PRESENT<br>EXTRA                 |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total                         | *   | Minus               | **                            |                            | =                                |     | X\$ 9=               |                        | OR  | X\$18=                        |                        |
|  | Independent                   | *   | Minus               | ***                           | CL AIN4                    | -                                |     | X42=                 |                        | OR  | X84=                          | ·                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                               |   |                     |                               |                            |                                  |     | +140=                | · .                    | OR  | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Hippest Number Previously Paid For" IN THIS SPACE is less than 30 center 20. |                               |   |                     |                               |                            |                                  |     |                      |                        |     | TOTAL<br>ADDIT, FEE           |                        |
|  | in the "Highest Nurr          | mber Previously Pa<br>hber Previously Pa  | aid For" (Total o   | o opace i<br>Independ         | is less tha<br>ent) is the | n 3, enter "3."<br>highest numbe |     | _                    | ropriate box           |     |                               |                        |